



PROGRAM REGISTRATION FORM

PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY.

Does the participant live within the Town limits of Buena Vista? ☐ Yes ☐ No

Would you like to be added to our email distribution list to receive program changes and future programming information? ☐ Yes. My email address is: _____
☐ No, Thank You.

PARTICIPANT INFORMATION:

NAME OF PARTICIPANT: _____

DATE OF BIRTH: _____ AGE: _____ SEX: ☐ M ☐ F

MOBILE PHONE NUMBER: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

DESCRIPTION OF SPECIAL NEEDS, IF ANY: _____

WOULD YOU LIKE TO DONATE TO THE BV REC SCHOLARSHIP FUND? ☐ Yes - Amount \$ _____ ☐ No

SHIRT SIZE:

- ☐ ADULT SM
☐ ADULT MED
☐ ADULT LG
☐ ADULT XL
☐ YOUTH SM
☐ YOUTH MED
☐ YOUTH LG
☐ YOUTH XL

not all programs include a shirt

EMERGENCY CONTACT INFORMATION:

NAME: _____

MOBILE PHONE NUMBER: _____ HOME/WORK PHONE NUMBER: _____

PROGRAM INFORMATION:

PROGRAM TITLE:	DATE/TIME:	FEE:	PAID:
			<input type="checkbox"/> Cash <input type="checkbox"/> Check #:
			<input type="checkbox"/> Cash <input type="checkbox"/> Check #:
			<input type="checkbox"/> Cash <input type="checkbox"/> Check #:
			<input type="checkbox"/> Cash <input type="checkbox"/> Check #:

THIS IS A RELEASE OF LIABILITY- PLEASE READ CAREFULLY BEFORE SIGNING

In consideration for allowing me to participate in the Town of Buena Vista Recreational Programs, I, the undersigned, voluntarily agree to indemnify and hold harmless the Town of Buena Vista, Colorado, its officers, employees, agents, consultants, subcontractors, insurers and representatives (collectively the "Town"), for any loss, damage or injury to myself or my property in any way related to my participation in Town recreation programs. I further agree to release, waive, and discharge the Town from, and covenant not to sue the Town for, any claims, demands or actions whatsoever arising out of any damage, loss or injury incurred to me or my property in any way related to my participation in Town programs. This release of liability applies equally to losses, damages or injuries caused or alleged to be caused in whole or in part by the negligence of the Town or any third party (for example and not by way of limitations falls, contact with other participants, injuries relating to equipment or the condition of the facilities). This release of liability applies to me, the undersigned, as well as any of my children, personal representatives, assigns, heirs, and next of kin. I authorize the Town in a medical emergency to seek emergency medical assistance at my expense. I give permission and consent to the Town to use any photographs, videotape, or other media record of my participation in the Town programs for any lawful purpose, without compensation to me or on my behalf.

I HAVE READ THE ABOVE WAIVER AND RELEASE, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN THIS WAIVER AND RELEASE VOLUNTARILY.

PRINT PARTICIPANT NAME

PARTICIPANT SIGNATURE (IF MINOR, PARENT/GUARDIAN SIGNATURE)

DATE